

OFFICE OF CULTURAL AFFAIRS

Review Committee Nomination Form	
Nominee:  Name Organization Address City, State, Zip Home Phone Business Phone FAX e-mail I understand my appointment will require orientation. training and, at least three (3) agency visits.  Signature: Date:	Nominated By: (optional)  Name
Please fill in the following information to assist us in our efforts to ensure the best possible representative balance on our review panels.  1. Nominee is: Artist  Arts Administrator  Art Instructor  Art Patron   2. Ethnic/Cultural Background  Gender  City Council District	
Nominee Qualifications: (required or attach résumé)  In the space below, describe why the nominee would be a good review panel member in the categories selected.  Please type or print as hard to read or insufficient information may disqualify nomination.	